DOCUMENT RESUME

ED 284 161 CG 020 342

TITLE	AIDS and the Education of Our Children: A Guide for Parents and Teachers.
INSTITUTION	Department of Education, Washington, D.C.
PUB DATE	Oct 87
NOTE	37p.; Introduction by William J. Bennett, Secretary of Education. Second Printing.
AVAILABLE FROM	Consumer Information Center, Dept. ED, Pueblo, CO 81009 (free).
PUB TYPE	Reports - General (140) -- Guides - General (050)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; *Adolescents; *Children; Elementary Secondary Education; *Health Education; Parents; *Prevention; Sexuality; Teachers; *Values Education

ABSTRACT

Guidelines for parents, teachers, and other adults to use in the education of children about acquired immune deficiency syndrome (AIDS) are presented in this document. The first part of the document presents a review of the known facts concerning the history and spread of AIDS. Specific topics discussed include AIDS symptoms, lack of a cure or vaccine, transmission of the disease, and conditions such as sexual activity and drug abuse which put adolescents particularly at risk. The second part of the document discusses four principles of AIDS education to guide parents, schools, and the community in educating children and helping them combat the disease of AIDS. These principles, which are accompanied by appropriate action steps to implement them, are: (1) help childen develop clear standards of right and wrong; (2) set a good example; (3) help children resist social pressures to engage in dangerous activities; and (4) instruct children about AIDS. Guidelines for selecting education materials and legal considerations for schools dealing with students and employees who have AIDS are also included in this section. The third and final section of the document provides sources of information about AIDS, including hotline numbers, school and community resources, U.S. Public Health Service recommendations, and a selected list of publications about AIDS and other relevant topics. Four charts, three descriptions of exemplary programs, and a discussion of condoms and AIDS accompany the document. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED284161

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

AIDS and the Education of Our Children

A Guide for Parents and Teachers

U.S. Department of Education

CG020342

AIDS and the Education of Our Children

A Guide for Parents and Teachers

United States Department of Education
William J. Bennett, Secretary
October 1987
Second printing

On February 11, 1987, President Reagan established the following principles to guide Federal assistance regarding education about AIDS:

- Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.
- The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
- The Federal role should focus on developing and conveying accurate health information on AIDS to educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
- Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
- Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex, and should be used with the consent and involvement of parents.

INTRODUCTION

Acquired immune deficiency syndrome, or AIDS, has claimed over 20,000 lives in the United States, and it is expected to claim millions more worldwide over the next few years. It is estimated that 1.5 million Americans are infected with the virus that causes AIDS, but most of them do not know they are infected.

AIDS poses special problems and concerns for parents, teachers, and other adults responsible for the upbringing of children. Because so many of these adults have expressed to me a desire for guidance on how to talk to children about AIDS, they are the primary audience for this booklet. *AIDS and the Education of Our Children: A Guide for Parents and Teachers* offers the most accurate information currently available on the AIDS virus: what AIDS is, how it is spread, how people can reduce the risk of contracting it. It addresses the issues and the questions that many parents and teachers face in talking to children about AIDS. I hope this booklet will help them do so in a manner consistent with their moral principles and with the best interests of their children.

The fight against AIDS must have three fundamental goals. First, we must do all we can to find a cure for AIDS and a vaccine against the virus. Second, we must care for all victims of the disease; this care must include protecting them from injustice and persecution. Finally, we must take appropriate measures, such as routine testing and effective education, to protect the public health.

It has been less than a decade since AIDS first appeared in the United States. In that short time, considerable progress has been made in the fight against the disease. Thanks to our medical researchers, the virus that causes it has been identified, a blood test for the AIDS antibody has been developed, and extensive research efforts have been initiated to find drugs to treat the disease and to create a vaccine to prevent it. We do not yet have a cure, but the means to find one as quickly as possible have been put into place.

Education has played an important part in the battle against AIDS, and it must continue to do so. The Federal Government and many state governments and localities have launched AIDS education programs for the public and for young people in schools. Adults need to know the facts, the often unwelcome facts, about AIDS. They need to know what kinds of behavior put them and their children at risk of contracting AIDS. And they need to know what measures offer real protection and what measures offer false security.

The key fact young people need to know is this: there is much they can do to avoid contracting AIDS. Most cases of AIDS result from behavior that can be avoided. AIDS is primarily spread by having sexual contact with an infected person or by sharing hypodermic needles or syringes with an infected person. Avoiding such behavior greatly reduces the chances of becoming infected. Individuals are not powerless against the threat posed by AIDS. We can protect our young people, and the way to protect them is to tell them the truth and to teach them to act responsibly.

Because AIDS is most commonly spread by intimate sexual activity with an already infected person, AIDS is one more reason to examine what we are teaching our children about responsibility and sexuality. They need to know, in a way that is appropriate to their age and experience, the facts about the disease. They need to know how to avoid contracting AIDS. They need to be able to distinguish between rational fears and irrational fears. In speaking to young people about sexual activity and AIDS, parents and other adults responsible for young people's well-being must tell the truth. The task of adults is to show the way to responsible sexual behavior. And adults must be truthful about the risks and dangers—moral, physical, and psychological—of irresponsible sex, of heedless, careless use of one's own or another person's body.

In regard to AIDS specifically, responsible adults will counsel young people against premature sexual activity—that is, against engaging in sexual activity before achieving maturity, before acquiring an understanding of the seriousness of what is involved, before achieving respect for oneself or others, before being willing and able to accept responsibility for one's actions. Among many other reasons for discouraging premature sexual activity—in addition to the reasons adults have traditionally offered and still should offer—AIDS offers one more compelling reason. The stark message is this: if you have sex with a partner infected with AIDS, there is a chance you will get the virus and that you will die from it.

AIDS and the Education of Our Children is an effort to present the facts as clearly as possible. This task was difficult in light of the sensitive topics which are addressed and the limited extent of available knowledge about some aspects of AIDS and the AIDS virus infection. This publication will be revised as we learn more about the disease.

William J. Bennett
Secretary of Education

CONTENTS

Introduction iii

Part 1: Facts About AIDS 1

What Is AIDS? 1
- Symptoms of AIDS Virus Infection 3
- No Cure or Vaccine for AIDS 3

How Is the AIDS Virus Transmitted? 4
- Common Ways of Transmission 4
- Unknowing Transmission 4

How Are Adolescents at Risk of Contracting AIDS? 5
- Teenage Sexual Activity 5
- Teenage Drug Abuse 5
- Inadequate Information 7
- The Limits of Information and Education 7

Part 2: Protecting Our Children From AIDS 9

What Is to Be Done? 9
- 1. Help Children Develop Clear Standards of Right and Wrong 9
- 2. Set a Good Example 11
- 3. Help Children Resist Social Pressures to Engage in Dangerous Activities 13
- 4. Instruct Children About AIDS 13

Guidelines for Selecting Educational Materials on AIDS 17

Children With AIDS in the Schools 18

PART 3: Sources of Information About AIDS 23

Toll-Free National Information 23

School and Community Resources 23

U.S. Public Health Service Recommendations for Education and Foster Care of Children 24

Selected List of Publications About AIDS 26

Ordering Information ..... Inside back cover

PART 1: FACTS ABOUT AIDS

What Is AIDS?

AIDS (acquired immune deficiency syndrome) is a disease caused by a virus that destroys a person's defenses against infections. These defenses are known as the immune system. The AIDS virus, known as human immunodeficiency virus, or HIV, can so weaken a person's immune system that he or she cannot fight off even mild infections and eventually becomes vulnerable to life-threatening infections and cancers.

The exact origin of AIDS is unknown. The disease was first noted in the United States in the late 1970's and early 1980's. The tracing of AIDS began only when doctors had seen enough of it to recognize that they were faced with a serious, previously unknown disease. It was formally defined for the first time in 1982.

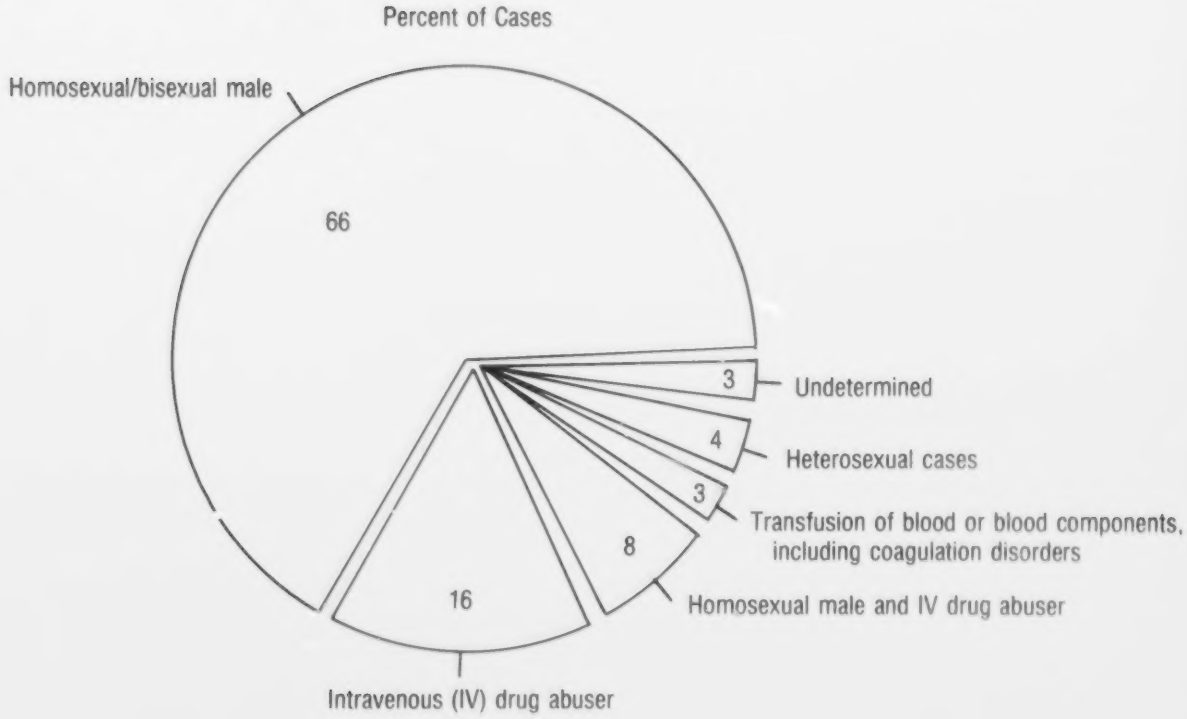
By 1981, doctors had identified 266 people in the United States with AIDS. By September 14, 1987, there were 41,825 Americans diagnosed as having AIDS. Medical officials believe that the actual number of persons with the disease is higher. Some under-reporting occurs; a study by the Centers for Disease Control estimated that the actual number of AIDS cases is about 10 percent higher than the number officially identified. In addition, a recent change in the definition of AIDS (in August 1987) may increase the number of cases by 10 to 15 percent.

Moreover, AIDS only represents the end-stage disease caused by the virus. The number of people who are infected with the AIDS virus but have not developed the disease is now estimated to be about 1.5 million.

As of September 14, 1987, only 17,755 of the 41,825 victims of the disease were still alive. Every state has reported at least one AIDS case, and 30 states, the District of Columbia and Puerto Rico have reported at least 100 cases. The majority (53 percent) of the reported cases of AIDS are concentrated in six metropolitan areas: New York; San Francisco; Los Angeles; Houston; Washington, D.C.; and Miami.

The AIDS virus is transmitted through the exchange of infected body fluids. Some 89 percent of persons known to have AIDS are homosexuals or intravenous drug abusers; 1 percent are infants and children; 3 percent became infected through blood transfusions before the Red Cross and other centers began testing blood for the AIDS antibody in 1985; and for 3 percent, the cause is undetermined (see Chart 1).

CHART 1 — Mode of Transmission for Persons with AIDS Adults and Adolescents



SOURCE: "AIDS Weekly Surveillance Report," Centers for Disease Control, September 14, 1987

Only 4 percent of known AIDS patients became infected with the disease through heterosexual contact. Some health officials estimate that by 1991 the number of AIDS cases acquired through heterosexual contact will increase to 6 percent of all cases. This, however, is still a matter of debate within the medical community.

Black and Hispanic young people have been much more affected by AIDS than young whites. Although they make up only 23 percent of the U.S. population between 5 and 19, they make up 56 percent of the reported cases in that age group. Eight out of ten children under the age of 5 with AIDS are black or Hispanic.

It is estimated that by 1991 a total of 270,000 persons will have developed AIDS in the United States (with 74,000 cases occurring in 1991 alone) and almost 179,000 Americans will have died from AIDS.

Symptoms of AIDS Virus Infection

The AIDS virus reduces the ability of the body's immune system to protect against disease. In addition, the virus may attack the nervous system and result in damage to the brain. The AIDS virus may initially cause a wide range of symptoms, including chronic episodes of the following:

- Fever
- Night sweats
- Diarrhea
- Weight loss
- Fatigue
- Swollen lymph glands
- Skin rashes
- Neurologic disorders such as memory loss, partial paralysis, and loss of coordination

Pneumonia, cancers, and other illnesses—many of them otherwise rare—may develop as a result of the damage done to the immune system by the AIDS virus. These illnesses are serious, difficult to treat, and often recurrent. Many patients die within 2 years of the appearance of the disease. Persons infected with the AIDS virus have developed symptoms of AIDS as early as 4 months or as late as 8 or more years after becoming infected. There have been no recorded cases of prolonged remission of AIDS.

No Cure or Vaccine for AIDS

At the present time, there is no vaccine to prevent people from becoming infected with the AIDS virus. Many of the illnesses caused by the AIDS virus are treatable, but the AIDS infection itself cannot be cured and can be expected ultimately to lead to illnesses that prove fatal.

Much research is being conducted to develop experimental vaccines as well as experimental drugs

such as zidovudine (previously known as azidothymidine, or AZT), which is believed to delay the progression of the disease. But scientists believe that it may take many years before a proven vaccine to prevent AIDS or proven treatments to cure the disease might be available.

How Is the AIDS Virus Transmitted?

Common Ways of Transmission

The AIDS virus is most commonly transmitted through male homosexual intercourse with an infected partner and through the sharing of intravenous drug needles or syringes with an infected person. It can also be transmitted by heterosexual intercourse with an infected partner. Because the AIDS virus, when present, is contained in some body fluids (mainly blood, semen, and vaginal secretions), actions that involve the exchange of these fluids between people greatly increase the chances of passing the virus to another person. Women infected with the AIDS virus may also transmit it to their children during pregnancy or, later, during breast-feeding.

Because the AIDS virus can be transmitted by the transfusion of blood or certain blood products, hemophiliacs and other recipients of transfusions or blood products were at very substantial risk of becoming infected. However, since 1985, donated blood has been screened by a new test that can identify blood containing antibodies to the AIDS virus. The chance now of getting AIDS from a transfusion is very small.

The AIDS virus has also been found in saliva, tears, breast milk, and urine. However, on the basis of current medical research, the chances of becoming infected with the AIDS virus by coming into contact with these body fluids and wastes are small, certainly far smaller than through the usual routes of sexual intimacy and intravenous drug use.

The Public Health Service to date has stated there is no evidence to suggest a risk of contracting the AIDS virus from day-to-day social or family contact with someone who has AIDS. A study of the families of 45 adults with AIDS found that none of their children became infected with the AIDS virus through contact with other family members or by sharing kitchen and bathroom facilities.

Unknowing Transmission

It is not currently known how many of the persons infected with the AIDS virus will develop the disease. Most experts estimate that more than 50 percent of those now infected with the virus will develop the disease over the next 10 to 15 years. ***Regardless of whether the symptoms of AIDS are apparent, anyone who is infected with the AIDS virus must be presumed to be capable of transmitting the virus to someone else.*** Persons who do not have the symptoms of

AIDS but are capable of infecting others pose a serious risk to their sexual partners. Although it cannot provide a cure today, medical science has provided information about the transmission of AIDS and a highly accurate testing procedure for the infection with which the unknowing transmission of AIDS can be greatly reduced.

How Are Adolescents at Risk of Contracting AIDS?

Teenage Sexual Activity

Statistics show that sexual activity increases dramatically during the teenage years. By age 15, 16 percent of boys and 5 percent of girls in the United States have had heterosexual intercourse at least once. By age 17, these rates almost triple for boys and increase 5 times for girls. By age 19, three-quarters of all boys and almost two-thirds of all girls have been sexually active (see Chart 2). The incidence among teenagers of homosexual activity, the most common mode of transmission of the virus, is not known.

Research also shows that most teenagers are not using condoms, which provide some but by no means complete protection from the AIDS virus. In a 1986 survey of 1,000 teenagers, the majority (53 percent) of sexually active teenage boys did not use condoms.

Increased sexual activity among teenagers has contributed greatly to their high rates of contracting sexually transmitted diseases such as gonorrhea and syphilis (see Chart 3). This increased sexual activity also makes the transmission of AIDS more likely. More than 6 out of 10 persons with gonorrhea or syphilis are less than 25 years old—that is, 581,913 out of a total of 938,038 cases in 1985. The Centers for Disease Control reported that in 1985:

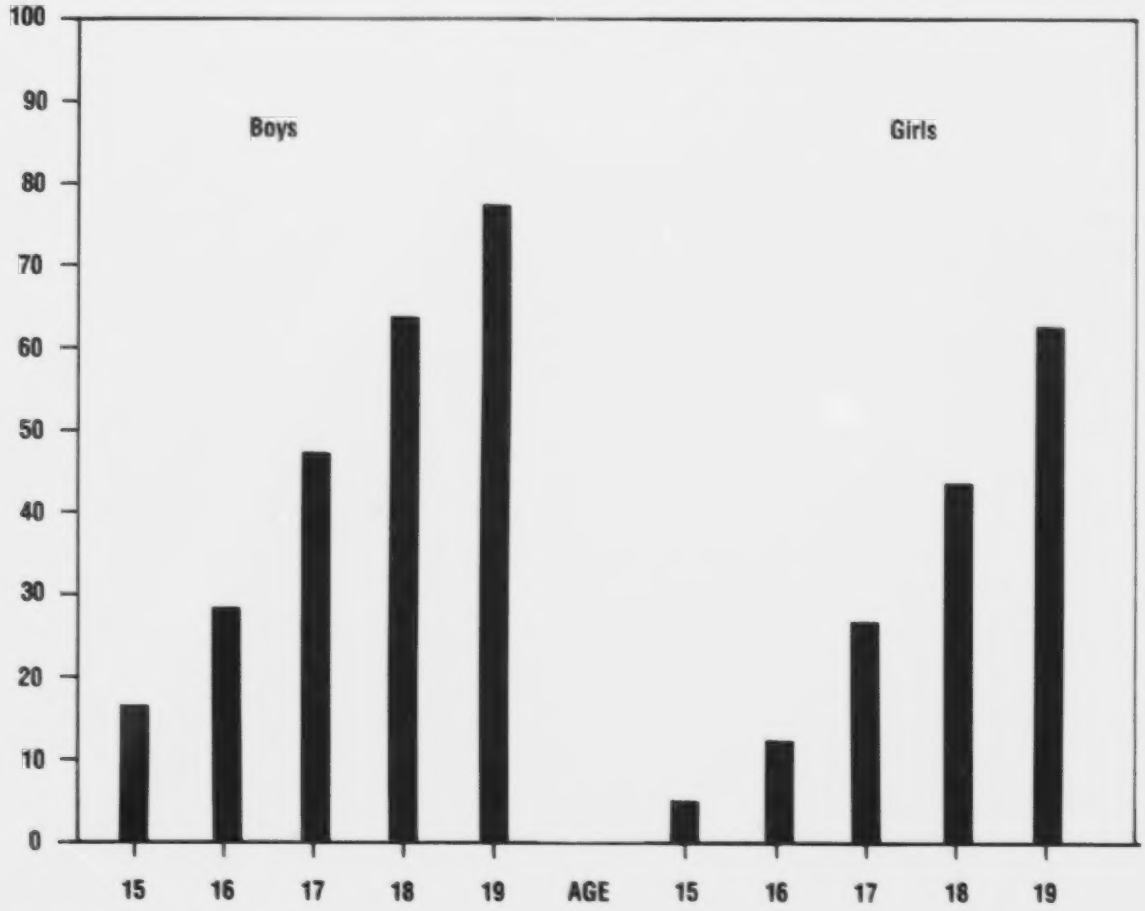
- One out of four persons with gonorrhea or syphilis (25 percent) was between 10 and 19 years old.
- Almost 4 out of 10 persons with gonorrhea or syphilis (37 percent) were between 20 and 24 years old.

Teenage Drug Abuse

Drug abuse is, unfortunately, quite widespread among American school children. Over half of high school seniors have used illicit drugs, though only a small percentage of teenage drug users use intravenous drugs and risk contracting AIDS in this way.

- About 8 percent of all cocaine users have injected the drug intravenously. In addition to cocaine, other drugs that may be taken intravenously are amphetamines and other stimulants, hallucinogens such as phen-

CHART 2 — Percentage of Boys and Girls 15 to 19 Years Old Who Have Had Heterosexual Intercourse



SOURCE. Tabulations from the 1982 National Longitudinal Survey of Youth by the Center for Human Resource Research, Ohio State University, 1983. In *Risking the Future*, National Academy Press, 1987.

cyclidine (PCP), most narcotics (e.g., heroin), and many "designer" drugs, which are slight chemical variants of existing illegal drugs.

- Although most intravenous drug users are age 25 to 45, more than 20,000 teenagers have used drugs intravenously. And most older intravenous drug users have a history of involvement with illegal drugs that began in their teens with the use of nonintravenous drugs. The use of any illegal drug is dangerous in itself and the use of one illegal drug often leads to the use of others.

Inadequate Information

Many teenagers do not know the basic facts about AIDS. Recent surveys have demonstrated the need for teenagers to be made aware of the activities that put them at risk of contracting AIDS.

A study of young people in San Francisco in 1986 revealed that:

- Thirty percent believed that AIDS could be cured if treated early.
- One-third did not know that AIDS cannot be transmitted by merely touching someone with AIDS or by using a friend's comb.

In addition, a study in 1986 of 860 Massachusetts teenagers aged 16 to 19 found that 22 percent did not know that AIDS can be transmitted by semen and 29 percent were unaware that it can be transmitted by vaginal secretions.

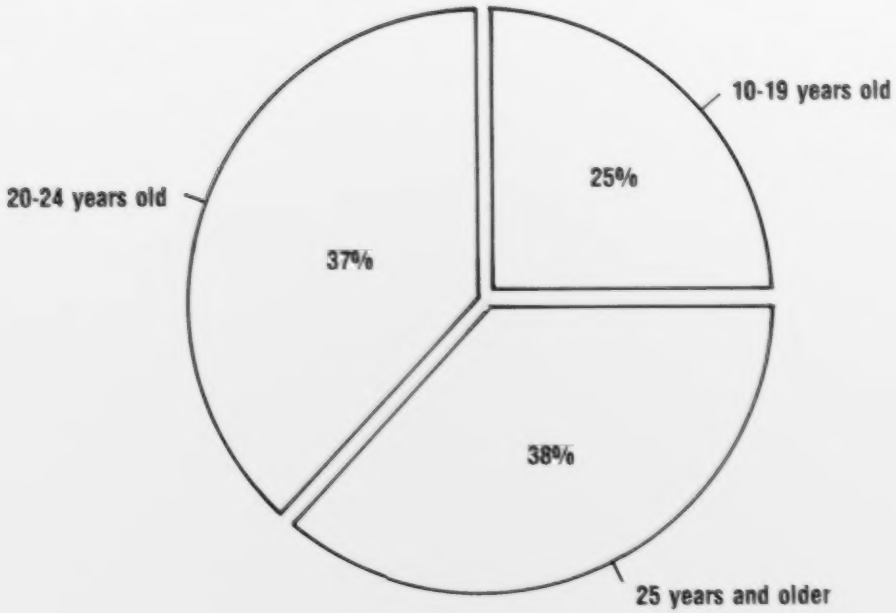
The Limits of Information and Education

Young people should be told the facts about AIDS, but information alone will not adequately protect them. In a recent survey of 458 University of Maryland students about their knowledge of AIDS and sexual behavior:

- Seventy-seven percent said that they knew that condoms can be used to limit the risk of infection of AIDS, but only 30 percent of those who used condoms reported increased use of condoms.
- Eighty-three percent of the male students who said they had homosexual relations said that they had made no change in their behavior.

Nothing can substitute for individual responsibility. As the National Education Association guide, *The Facts About AIDS*, states: "Health education that relies only on the transmission of information is ineffective. Behavioral change results only when information is supported by shared community values that are powerfully conveyed." We must give young people the facts, but we must remember it is their sense of right and wrong, their internal moral compass, that determines their actions.

CHART 3 — Distribution of Persons With Syphilis or Gonorrhea By Age



SOURCE. Centers for Disease Control, Sexually Transmitted Disease Cases Reported, 1985.

What Is to Be Done?

The surest way to prevent the spread of AIDS in the teenage and young adult population is for schools and parents to convey the reasons why adolescents should be taught restraint in sexual activity and why illegal drug use is wrong and harmful. Although messages urging responsibility and restraint have been given before, the emergence of the AIDS threat gives them even greater importance.

We here offer four principles of AIDS education to guide parents, schools, and the community in educating our children and helping them combat the disease of AIDS.

1. Help Children Develop Clear Standards of Right and Wrong

Studies have shown that children who firmly hold to the principles of appropriate moral and social conduct are less likely to act in ways that would place them at risk of becoming infected with AIDS. The most important determinant of children's actions is their understanding of right and wrong. Parents, schools, and community organizations that work with children must instill firm standards of conduct that include respect for personal well-being and the well-being of others. Children should be taught the importance of self-discipline and personal responsibility by holding them accountable for their actions. They should also be brought to understand that, as young adults, they will bear the primary responsibility for protecting themselves from becoming infected with the AIDS virus.

Actions:

- **Teach restraint as a virtue.** Parents and school personnel should teach children restraint as a standard to uphold and follow. Explain the positive benefits of responsible behavior as well as the fact that the safest and smartest way to prevent infection with the deadly AIDS virus is to avoid premarital sex and illegal drugs. Even the use of nonintravenous drugs, such as marijuana and alcohol, can lead children toward activities that would expose them to the risk of being infected with AIDS.
- **Present sex education within a moral context.** Parents want the schools to teach the difference between right and wrong in sex education and elsewhere. Parents want sexuality taught within a moral framework. In a

"Community of Caring"

The Joseph P. Kennedy, Jr. Foundation established a network of Community of Caring programs 11 years ago to help combat the problems of adolescent sexual activity and teen pregnancy. The program originally focused on helping pregnant teenagers have healthy babies, but has expanded into other areas of concern—especially pregnancy prevention. A new curriculum, "Growing Up Caring," has recently been implemented in five school systems. The curriculum is based on the belief that teenagers become sexually active because they have not perceived their sexuality in a moral context. The program operates on the premise that any time sex education is taught, it must be taught within the context of family and ethical values.

"Growing Up Caring" contains a section dealing with AIDS in its teaching units for teachers, parents, and other instructional personnel. Its discussions and activities emphasize morality and responsibility. For example, in the section on drug abuse, a point is made that teenagers are responsible not only for their health now but also for their future health and their ability to become productive citizens and to establish strong and healthy families of their own.

The curriculum is designed to encourage students to work hard and develop good character. The themes of the curriculum include the following:

- **Family.** The curriculum teaches that the family provides the major ethical framework for a child.
- **Personal responsibility.** Adolescents are taught how to assume responsibility for themselves.
- **Commitment to parenthood.** Young men and women are taught the skills and commitment needed to meet the challenge of pregnancy and parenthood.
- **Responsible sexuality.** By drawing on values that include love, concern for others, responsibility to family members, truth, productive hard work, and the wholesomeness of sexuality, adolescents are shown a basis for their future sexual decisions.
- **Planning for future goals.** The curriculum shows how adolescents can redirect their lives through planning. The hope is that the young people will form constructive and attainable goals.

national poll, 70 percent of the adults surveyed said they thought that sex education programs should teach moral values. About the same percentage believed sex education courses should urge students not to have sexual intercourse.

• **Speak up for the institution of the family.** Fidelity and commitment should be positive goals toward which all of our children should strive. Unless a marriage partner is infected before marriage or uses intravenous drugs, persons in mutually faithful and monogamous relationships are protected from contracting AIDS through sexual transmission.

• **Set clear and specific rules regarding behavior.** Parents and teachers must clearly establish appropriate standards of behavior and convey them to children in the home and school. Setting high standards of behavior and holding young people accountable for their actions will help them take responsibility for their behavior, and it will help them develop respect for others and for themselves.

2. Set a Good Example

Parents and school personnel should be aware that they very much influence young peoples' behavior. Adults who try to live in accordance with moral standards, take care of their health, and engage in a monogamous relationship provide an example to young people of how to avoid the risks of contracting AIDS.

Actions:

• **Demonstrate moral standards through personal example.** Adults must try to live up to the ideals they set for themselves and their children. They should cite concrete examples from everyday life, discuss the moral issues they confront, and describe how they find the strength to follow their ideals. Parents should put their children in contact with other adults whose lives will be a good example to young people.

• **Follow the principles of good health.** Adults who follow a healthy diet, exercise, and generally show a concern for their own well-being help children learn how to care for themselves. Similarly, adults who abuse their bodies—for example, through the use of illicit drugs—may influence children to follow their example. Adults who do not show restraint in their own lives are unlikely to be successful in teaching children how to be responsible.

• **Demonstrate responsibility for others in personal relationships.** By the relationships they establish with children, their families, and other adults, parents and teachers show children how they expect them

"Postponing Sexual Involvement"

"Postponing Sexual Involvement" is a "How to Say No" program targeted to 13-to-15 year olds and their parents. The program is taught in Atlanta schools and is being implemented throughout Georgia. The program was developed to help adolescents resist pressures to become sexually active. It consists of a series of 4 one-hour sessions and a follow-up session. Program coordinators train older teenagers as peer leaders who conduct the sessions. "Postponing Sexual Involvement" does not simply present information but gives teenagers the tools and skills they need to handle the reality of their sexuality. It also identifies the sources of societal pressures that are often responsible for early sexual activity. Parents receive a shortened version of the lessons.

The results of the series are promising. In the pilot program with 1,000 teenagers:

- Seventy percent said the series taught them adolescents can decide to postpone sex without losing the respect of their friends.
- Sixty-three percent of the adolescents said they felt it was easier for them to express their point of view regarding sexual involvement after attending the series.
- Seventy-eight percent of the participants said they would recommend the series to a friend.
- Thirty-three percent said the series made them aware of the fact that most teens do indeed say no to early sexual involvement.

to act. Adults who show concern for the well-being of others help prevent the spread of AIDS through their respect for others.

3. Help Children Resist Social Pressures to Engage in Dangerous Activities

Peer pressure is one of the strongest influences encouraging students to engage in promiscuous sex and drug use. In addition, older students who have already engaged in these practices reinforce the view that sexual intimacy and drug use are the norm. Adults must counteract these influences.

Actions:

- **Help students identify negative pressures.** Schools, religious institutions, and community organizations can sponsor programs that help students identify pressures in their lives that direct them into risky behaviors. Such programs can help young people develop and practice strategies to combat these pressures.

- **Be attentive to children's behavior inside and outside of school.** Parents should be attentive to their children's school and social lives by paying attention to their children's dating, friendships, school programs, and television viewing.

- **Encourage students to provide a good example to their peers.** Students can positively influence their peers through their attitudes and everyday behavior. If student leaders take stands against irresponsible behavior, other students will be more likely to follow their lead. Students can also persuade their peers who indulge in dangerous behavior to seek adult help in combating their problems.

- **Be able to discuss drugs knowledgeably.** In order to provide guidance and to support children in resisting drugs, parents must be knowledgeable about drugs and their effects. It is better for children to obtain information about drug use from their parents than from their peers.

4. Instruct Children About AIDS

Many young people remain largely ignorant about AIDS. Some American teenagers are risking infection with the AIDS virus every day because of their involvement in high-risk activities that transmit the disease—sexual relations and illicit drug use. To prevent the spread of AIDS among young people, parents, schools, and communities should teach children about the deadly disease. The dual messages of responsibility and restraint must be integral parts of any education effort.

"Responsible for Myself"

Believing that today's young people need to learn about responsible behavior through systematic instruction rather than by chance, at San Marcos Junior High School (San Marcos, California), the staff, parents, and community members put together a program to encourage students to be responsible for themselves. Focusing on specific teenage problems such as sexual activity, drug use, poor self-esteem, and poor study habits and decision-making skills, the planning group designed a program titled "Decision Making—Keys to Total Success."

The program is required of all seventh and eighth grade students and is offered in the following sequence:

- **Study skills and test taking.** Emphasizes the acquisition of appropriate study and test-taking skills. The information is covered in the first 6 weeks of the semester.
- **How to be you.** This section focuses on self-esteem, value-based instruction, and decision-making skills. The information is covered during 6 weeks of the second semester.
- **Sexuality, commitment, and family.** This part teaches children that abstinence is the only sensible way for teens to deal with sex. It seeks to instill appreciation for the creation of life, as well as understanding that parenthood is a rewarding commitment made by responsible people. Negative peer pressure and media influence are also discussed. The information is covered in the last 6 weeks of the second semester for 8th graders.
- **How to be successful in less than 10 minutes a day.** Incorporates the themes of the other programs, stressing personal responsibility, good academic behavior, respect for self and others, persistence, and courtesy. The drug abuse prevention program is taught as part of this component and links effective drug resistance strategies to the values on which this program is based. This component is covered daily in 8-minute segments during the homeroom.

According to the principal at San Marcos, personal responsibility is the key to success for his students. Reinforced by the school's motto, "I am responsible for myself," the program has helped students strengthen their character as well as gain personal insight. ***The program helped reduce adolescent pregnancies significantly—from 147 in school year 1984-85 to 20 in school year 1986-87.***

Actions:

• **Provide the facts about AIDS.** Parents and schools should provide up-to-date information about what the AIDS virus is and how it is spread. Ordinarily, in the schools, this would be a part of sex education, which generally begins in junior high school. Young people should know that they risk contracting the disease if they engage in sexual contact or intravenous drug use with infected persons.

• **Talk to children about their fears.** Children, even at a young age, are exposed to information about AIDS. Television commercials, news broadcasts, and casual conversations will give them bits and pieces of the AIDS story that may frighten them without informing them. What they hear may cause them to believe that contracting AIDS is inevitable or, conversely, impossible. Adults need to help children articulate their fears and help correct their misperceptions.

Discussing AIDS also can enable young people to understand the disease and the suffering experienced by its victims. In learning how to avoid AIDS, young people can also learn to have compassion for the affliction of others.

• **Teach about sex in a way that emphasizes the reasons for abstinence, restraint, and responsibility.** Many sex education programs fail to provide a message of personal responsibility. Some present sex mechanistically, answering questions about how sex works and how it can be made to serve a variety of purposes (e.g., self-gratification). Other programs contain value-neutral discussions of sexual relations in which the teacher makes a concerted effort not to make moral judgments about sexual activity.

Responsible sex education courses should not hesitate to teach children that sexual restraint is the best standard to follow. Sexual intimacy should be presented as more than merely a physical or mechanical act.

• **Get the community involved in AIDS education.** Civic groups, churches, local health departments, and the medical community should be enlisted in educating the young people in their community about AIDS. The community must first become informed about the risks involved in acquiring and transmitting the AIDS virus infection and then present a consistent message to its young people that emphasizes the risks involved in promiscuous sex and illicit drug use.

• **Teach drug prevention to children.** Drug prevention efforts should be an integral component of all educational programs.

Condoms and AIDS

The use of condoms is now frequently recommended as a means of reducing the risk of both contracting AIDS and spreading the disease. Many people, for moral or religious reasons, oppose encouraging the use of condoms. Others are eager to make condoms widely available, even or especially to young people. In any case, if the use of condoms is to be discussed with young people, such a discussion must include the recognition of certain facts, should take place with the approval of parents, and should occur in an appropriate moral context. In particular, young people must know that ***the use of condoms can reduce, but by no means eliminate, the risk of contracting AIDS.***

Condoms can and do fail. The use of condoms can reduce the risk of infection when engaging in sexual activity, but they must be used from start to finish and in a manner that prevents any exchange of bodily fluids. Even then there is no guarantee of safety.

When condoms are used for contraceptive purposes, they fail about 10 percent of the time over the course of a year. Some experts think that condoms are much less effective as a means of stopping the transmission of the AIDS virus. According to a recent study at the University of Miami Medical School, 17 percent of the women whose husbands with AIDS used condoms became infected themselves within 18 months, despite the use of condoms. And the Surgeon General has also warned that condoms have "extraordinarily high" failure rates among homosexuals.

Maintaining a moral context. Any discussion of condoms must not undermine the importance of restraint and responsibility in the minds of young people. It is important to remember that condoms have long been widely available and that most teenagers know about them, yet the teen pregnancy rate has still risen. This is not only because condoms do fail, but also because teenagers who know about condoms often fail to use them. Teenagers' beliefs and convictions about proper sexual behavior are more effective in shaping their behavior than mere knowledge about devices such as condoms. Indeed, promoting the use of condoms can suggest to teenagers that adults expect them to engage in sexual intercourse. This danger must be borne in mind in any discussion.

Schools, religious institutions, and youth organizations should emphasize that drug use is wrong and harmful. Efforts should be geared to strengthening a child's resistance to drugs. For teenagers, a clear link between drug use and AIDS should be made. Children must learn that not taking drugs will reduce the possibility of becoming infected with the disease.

• **Find appropriate opportunities to discuss AIDS.** The topic of AIDS, involving as it does issues of sex and drug use, is an uncomfortable one to raise. Yet a one-time family discussion or a special AIDS curriculum unit or school assembly is not enough to prevent the spread of AIDS among young people. Adults need to find appropriate occasions to raise the issue with children—for example, when they are watching television programs that glamorize sex and illegal drugs or news programs that discuss AIDS, or when they are reading newspaper articles about AIDS.

Guidelines for Selecting Educational Materials on AIDS

Materials for use in teaching young people about AIDS must be selected and developed with the approval of parents. In addition, they should meet the following guidelines:

• **Teach about high-risk behaviors.** Teenagers and young adults are at greater risk of AIDS than much of the population because of their high levels of sexual intercourse and their use of illicit drugs. This point must be made clear.

• **Present the facts in a straightforward manner.** Facts on AIDS should be accurate and current. Information should be conveyed in straightforward language that students will understand. It should honestly portray what we do and do not know.

• **Emphasize standards of right and wrong.** Instruction about AIDS must include more than basic medical information. It must be based on clear standards of individual responsibility.

— Materials should set positive standards; they should emphasize that young people can avoid premarital sex and drug use.

— Materials should not be value neutral. Young people should be told that the best way to prevent the sexual transmission of AIDS is to refrain from sexual activity until as adults they are ready to establish a mutually faithful monogamous relationship. AIDS education should confirm this message from the sex

education curriculum. AIDS education (as part of sex education in general) should uphold monogamy in marriage as desirable and honorable.

— Materials discussing illicit drugs should not condone "responsible use" or use of "soft drugs." All illicit drug use is wrong.

• **Select appropriate materials.** To teach about AIDS is to deal with sensitive topics. Instructional materials, therefore, must be appropriate to the age of the students being taught and to local community needs and values.

— Young children should not be given overly explicit and detailed explanations. For them, instruction should lay the foundation of moral action and good health and give limited attention to AIDS itself.

— Although materials for older children will deal specifically with AIDS, they should emphasize standing up for one's convictions and abstaining from premarital sexual relations and illicit drug use.

— Education materials for adolescents may, with parental consent, also include information to help them reduce the risks to themselves and to other people.

• **Promote parental involvement.** Materials should recommend how parents and communities can become involved in the AIDS discussion. Parents and community members should be involved in the selection of materials and curriculum programs.

In deciding how to teach children about AIDS, school personnel should review the entire curriculum to find the most appropriate places for including this topic. All members of the school staff should be informed about AIDS and about ways to present the subject to children.

Children With AIDS in the Schools

To date, there have been no reported cases of the transmission of AIDS in the school setting. The U.S. Public Health Service and the American Academy of Pediatrics have stated that, in most cases, children with AIDS should be permitted to attend school. However, they do advise school administrators that children with AIDS who lack control over bodily functions, have open wounds or cuts, or display behavior such as biting, should receive individualized instruction outside the classroom.

Because of their weakened immune systems, children with AIDS or the AIDS virus who attend school are more likely to get common childhood infections—such as the flu, colds, and chicken pox—than children who do not have AIDS. After they contract these routine childhood illnesses, they have a greater chance of developing complications.

They may also be more likely to have more serious contagious diseases, such as hepatitis or tuberculosis. In addition, children with AIDS might not be permitted by their doctors to have routine vaccinations, because these vaccinations may place the children at risk of contracting the disease of the vaccine as a result of their impaired immune system. A child with AIDS should be under a doctor's supervision in order to assess periodically whether the child should remain in school.

Communities should take steps to ensure that medical information about persons who have AIDS (or who test positive for the virus) is kept confidential and used only for purposes of protecting the public health. Both the Education of the Handicapped Act (EHA) and the Family Educational Rights and Privacy Act contain prohibitions on unconsented disclosures of personally identifiable information about students. Disclosure of such information is permitted to appropriate school officials, if justified by public health or other legitimate considerations.

A number of states have passed laws that address requirements for reporting the AIDS virus for public health purposes and also for maintaining the confidentiality of such information. Other state legislatures are considering these issues. Accordingly, school officials are well advised to monitor developments in the law of their state on these matters.

Questions have arisen about whether school districts are required to include children with AIDS in their regular education program or to provide special programs because of impairments due to AIDS. Recently, the Supreme Court ruled in *School Board of Nassau County, Florida, et al.* v. *Arline* that persons with a handicapping infectious disease (in that case, tuberculosis) are covered by Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against handicapped persons in programs that receive Federal funds.

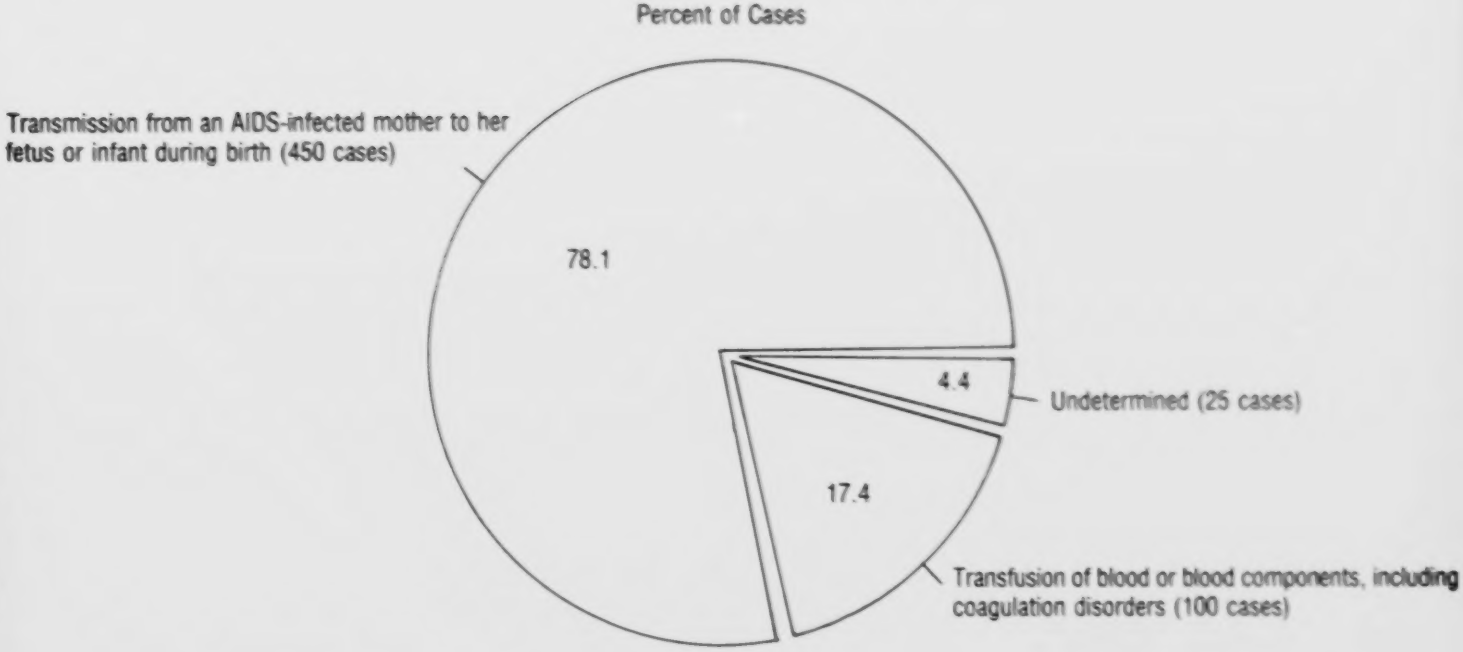
Children whose health is impaired by AIDS, and because of that impairment need special education and related services, are also covered under the EHA, which guarantees a free appropriate public education to handicapped children.

In determining whether an individual child with AIDS should be served in its regular programs, a school district should take into consideration bona fide medical considerations about the likelihood of the risk of the infection to other children. With respect to a child with AIDS who is served in its regular programs, these medical considerations may also justify a school district placing limitations on specific activities, such as sports, in which children participate. Similarly, decisions on placement should address whether the child will conduct himself or herself in a manner that will not endanger other children.

School districts cannot, however, refuse to pro-

Chart 4—Transmission Categories For Children With AIDS

(Includes All Patients Under 13 Years of Age at Time of Diagnosis)


Percent of Cases
Transmission from an AIDS-infected mother to her fetus or infant during birth (450 cases)
78.1
4.4
Undetermined (25 cases)
17.4
Transfusion of blood or blood components, including coagulation disorders (100 cases)

SOURCE: "AIDS Weekly Surveillance Report," Centers for Disease Control, September 14, 1987

vide educational services to children with AIDS who are covered by the EHA or Section 504. Districts must also ensure that the services provided are appropriate for each child.

Children with AIDS may be absent from school more frequently than other children. During prolonged absences, education services must, under Federal law, be made available to children with AIDS. These may include home tutors as well as any other provisions made by the school system for sick children.

Under the EHA and Section 504, placement decisions must be made by a team of persons knowledgeable about the child and be based on medical and educational data concerning the child. For example, the team might include the child's parents, physician, teacher, public health personnel, and other appropriate education personnel.

Placement decisions must be based on the education needs of the child and reasonable medical judgments, given the current state of medical knowledge about risks to the child and others. For example, restricted placement may be advisable for children who lack control of bodily secretions, are at substantial risk of contracting serious illness, are likely to engage in behavior such as biting, or have open wounds. Under the EHA, the child's education program must be reviewed regularly to determine whether a change to the child's placement is required.

PART 3: SOURCES OF INFORMATION ABOUT AIDS

Toll-Free National Information

Public Health Service National AIDS Hotline (recorded message) 1-800-342-AIDS

A national information service that provides round-the-clock information on AIDS. The 4-minute recorded telephone message outlines the methods of protection against the AIDS virus, mentions the blood tests that detect the AIDS virus (and where the tests are available), and provides information for women planning to become pregnant who are concerned about AIDS. The recorded message also provides the telephone number for contacting a hotline staff member for additional information (shown in the next listing).

The National AIDS Hotline (hotline staff) 1-800-342-7514

The Public Health Service operates this national resource and information service 7 days a week, 24 hours a day. In addition to providing information about AIDS, the staff refers callers to local hotlines and testing sites, and provides telephone listings for counseling and other support groups. Free written materials are available upon request.

School and Community Resources

American Red Cross

This organization operates an AIDS Public Education Program intended to provide reliable, factual data to help prevent the spread of the disease. The Red Cross believes that adolescent health education should be based on positive values that rest on religious, ethical, legal and moral foundations. Educational materials are disseminated through more than 600 AIDS coordinators in local Red Cross chapters throughout the nation.

Available materials include pamphlets containing the latest facts about AIDS, such as guidelines for prevention programs for young people and information for parents of school-age children, teachers, and school officials. The Red Cross also has developed a four-part AIDS prevention program for junior and senior high school students which consists of a 25-minute videotape and printed supporting material. Information is available through local Red Cross chapters or through the American Red Cross, AIDS Education Program, National Headquarters, 430 17th St., N.W., Washington, D.C. 20006, (202) 639-3223.

AIDS School Health Education Subfile

A computerized subfile of the Combined Health Information Database which contains information about AIDS programs, curricula, guidelines, policies, regulations, and other materials. Anyone who wants to locate this information must telephone Bibliographic Retrieval Service Information Technologies to obtain access to the data (1-800-468-0908) or write BRS Information Technologies (1200 Route 7, Latham, New York 12110). The fee for obtaining a password is $75.00 per year, and the current time charge for searches is $35 per hour, plus a small fee for printing citations. Training on conducting database searches is available in most cities.

U.S. Public Health Service Recommendations for Education and Foster Care of Children

The following statements are excerpted from the guidelines developed by the Centers for Disease Control to help state and local health and education officials develop their own guidelines in light of community needs and concerns.

Risks to the Child with HIV Infection

HIV (AIDS) infection may result in immunodeficiency. Such children may have a greater risk of encountering infectious agents in a school or day-care setting than at home. Foster homes with multiple children may also increase the risk. In addition, younger children and neurologically handicapped children who may display behaviors such as mouthing of toys would be expected to be at greater risk for acquiring infections. Children with depressed immune systems are also at greater risk of suffering severe complications from such infections as chicken pox, cytomegalovirus, tuberculosis, herpes simplex, and measles. Assessment of the risk to the immunodepressed child is best made by the child's physician, who is aware of the child's immune status. The risk of acquiring infection such as chicken pox may be reduced by prompt use of specific immune globulin following a known exposure.

Recommendations:

1. Decisions regarding the type of educational and care setting for HIV-infected children should be based on the behavior, neurologic development, and physical condition of the child and the expected type of interaction with others in that setting. These decisions are best made using the team approach including the child's physician, public health personnel, the child's parent or guardian, and personnel associated with the proposed care or educational setting. In each case, risks and benefits to both the infected child and to others in the setting should be weighed.

2. For most infected school-aged children, the benefits of an unrestricted setting would outweigh the risks of their acquiring potentially harmful infections in the setting and the apparent nonexistent risk of transmission of HIV. These children should be allowed to attend school and after-school day-care and to be placed in a foster home in an unrestricted setting.

3. For the infected preschool-aged child and for some neurologically handicapped children who lack control of their body secretions or who display behavior such as biting, and those children who have uncoverable, oozing lesions, a more restricted environment is advisable until more is known about transmission in these settings. Children infected with HIV should be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

4. Care involving exposure to the infected child's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the child's HIV infection and the modes of possible transmission. In any setting involving an HIV-infected person, good handwashing after exposure to blood or body fluids and before caring for another child should be observed, and gloves should be worn if open lesions are present on the caretaker's hands. Any open lesions on the infected person should also be covered.

5. Because other infections in addition to HIV can be present in blood or body fluids, all schools and day-care facilities, regardless of whether children with HIV infection are attending, should adopt routine procedures for handling blood or body fluids. Soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in the disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

6. The hygienic practices of children with HIV infection may improve as the child matures. Alternatively, the hygienic practices may deteriorate if the child's condition worsens. Evaluation to assess the need for a restricted environment should be performed regularly.

7. Physicians caring for children born to mothers with AIDS or at increased risk of acquiring HIV infection should consider testing the children for evidence of HIV infection for medical reasons. For example, vaccination of infected children with live virus vaccines, such as the measles-mumps-rubella vaccine (MMR), may be hazardous. These children also need to be followed closely for problems with growth and development and given prompt and aggressive therapy for infections and exposure to potentially lethal infections, such as varicella.

In the event that an antiviral agent or other

therapy for HIV infection becomes available, these children should be considered for such therapy. Knowledge that a child is infected will allow parents and others to take precautions when exposed to the blood and body fluids of the child.

8. Adoption and foster-care agencies should consider adding HIV screening to their routine medical evaluations of children who are at increased risk of infection. This should be done before placement in the foster or adoptive home, since parents must make decisions regarding the medical care of the child and must consider the possible social and psychological effects on their families.

9. Mandatory screening as a condition for school entry is not warranted based on available data.

10. Persons involved in the care and education of HIV-infected children should respect the child's right to privacy, including maintenance of confidential records. The number of personnel who are aware of the child's condition should be kept at a minimum needed to assure proper care of the child and to detect situations where the potential for transmission may increase (e.g., bleeding injury).

11. All educational and public health departments, regardless of whether HIV-infected children are involved, are strongly encouraged to inform parents, children, and educators regarding HIV and its transmission. Such education would greatly assist efforts to provide the best care and education for infected children while minimizing the risk of transmission to others.

Selected List of Publications About AIDS

The following list of materials illustrates some of the materials available for AIDS education.

***Educator's Guide to AIDS and other STD's* by Stephen R. Sroka, 1987.** The guide presents abstinence as the most effective method of preventing AIDS, and it emphasizes responsible sexual behavior and prevention of drug use. To help students avoid sex and drugs, many activities teach students how to respond in situations in which they may feel pressured into inappropriate behavior. In addition to providing effective strategies for AIDS prevention, the guide contains basic information about AIDS and sexually transmitted disease (STD) infections. Health Education Consultants, 1284 Manor Park, Lakewood, OH 44107, (216) 521-1766; $25.00.

***AIDS: What You Should Know* by Linda Meeks and Philip Heit, 1987.** This 27-page booklet is one of two in the Merrill Wellness Series. The booklet has student and teacher editions and is designed for use with 6th, 7th, and 8th graders. The booklet presents topically organized information on the origin of AIDS, virus transmission, risks, behaviors, virus detection, and treatment and research. The guide avoids explicit and detailed discussion of risky sexual practices and does not address the use of condoms. Students learn that abstinence is the most responsible decision they can

make regarding both sexual activity and drug use. Students practice using the responsible decision-making model in various situations, and they learn how to avoid sex. All technical terms are clearly defined and key concepts are outlined in the margins. Merrill Publishing Company, P.O. Box 508, Columbus, OH 43216, 1-800-848-6205; $3.95 for student guide and $6.00 for teacher's guide.

***AIDS: Information/Education Plan to Prevent and Control AIDS in the United States,* 1987.** This 57-page book outlines a plan for informing and educating the nation about AIDS. The book identifies target audiences, basic elements of AIDS education and information, and suggests methods for conducting AIDS education programs. U.S. Department of Health and Human Services, Office of Public Inquiries, Centers for Disease Control, Bldg. 1, Room B-63, 1600 Clifton Road, N.E., Atlanta, GA 30333, (404) 329-3534.

Instructional Outcomes for AIDS Education, 1987. Rhode Island has issued a set of curricular and programmatic recommendations for local school districts to follow when selecting an AIDS curriculum. Although these guidelines do not constitute a state-developed curriculum, they present criteria for evaluating an AIDS curriculum and the expected learning outcomes for each age group. Abstinence, individual responsibility, and resisting peer pressure are emphasized. Prepared jointly by the Rhode Island Department of Education and the Rhode Island Department of Health. Office of Health Information, State Department of Education, 22 Hayes Street, Providence, RI 02908, (401) 277-2638. Single copies are free.

Other Resource Materials

Confronting AIDS: Directions for Public Health, Health Care and Research, 1986. A report by the Institute of Medicine of the National Academy for Sciences about the causes and transmission of AIDS, the epidemiology of conditions associated with AIDS, and recommended actions for combating the disease. Published by the National Academy Press, Washington, D.C. and available from the National Academy Press Bookstore, 2101 Constitution Avenue N.W., Washington, D.C. 20418, (202) 334-2665. $24.95.

***AIDS: Impact on the Schools* by Roberta Weiner, 1986.** A 274- page book designed to provide factual information about how the disease is transmitted, how schools have been affected to date, AIDS litigation, and problems faced by colleges and universities. A special report from the Education Research Group, Capitol Publications, 1101 King Street, Alexandria, VA 22314, (703) 683-4100; $45.50.

***What Works: Schools Without Drugs*, 1986.** This U.S. Department of Education handbook recommends approaches for stopping drug use in America's schools. The guide describes schools and communities that have successfully implemented drug abuse prevention programs and presents information on how drugs affect people and how parents and teachers can recognize when students are using drugs. A list of resources and organizations which parents, students, and educators can use to develop plans to stop drug use in schools is included. A free copy can be obtained by writing *Schools Without Drugs*, Pueblo, CO 81009, or by calling 1-800-624-0100 outside of the District of Columbia area and 732-3627 in the District.

Ordering Information

To obtain an additional copy of this book free of charge, please write:

Consumer Information Center
Dept. ED
Pueblo, CO 81009